

## **2019 Registration Form**

Name:				
Age: Sex: 1	Male Female	Survivor: Ye	s No	
Address:				
City/State:		Zip:		
Email:	Agency (if	applicable):		
T-Shirt Size: (Youth) (Adu	ılt) SMLXLXXL		<u>Matt Uhl</u> <u>Phantom Runner</u>	
Category: Walk Run Matt Uhl Phantom		For a donation of \$20 or more, sleep in, skip the		
Pay by Check Pay b	y Cash 🗌		event, and still get a t-shirt or challenge coin.	
Team Info: (Complete onl	y if competing in a team) T	Team Name:		
"I will never forget! " pled	ge \$			
Preferred Packet Pick-Up	Option: Phoenix T	ucson Rac	e Day 🗌	
Checks made payable to: ( Mail registration and payr	ment to: AZ DPS, Attn: AZ		l. Tucson, AZ 85706	

For event information and updates please visit: azdps.gov/memorial5k